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¥			į					(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	VENTOR		ATTO	ENEY DOCKET NO.	CONFIRMATION NO.	
10/777,713	10/777,713 02/12/2004		Nathan A. Chubb		PC10339A		7801		
FITLE OF INVENTION	: ANTIPARASITIC TEI	RPENE ALKALOIDS .						<u> </u>	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE I	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	<b>\$</b> 1510	\$300		\$0		\$1810	01/20/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	╝			N.		
HABTE, I	KAHSAY	1624	514-229800					<u> </u>	
Change of corresponde CFR 1.363).  Change of corresp Address form PTO/Si Zi "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.	(1) the names of up or agents OR, altern (2) the name of a si registered attorney 2 registered patent a	For printing on the patent front page, list  ) the names of up to 3 registered patent attorneys agents OR, alternatively,  c) the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed.							
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Pfizer Inc. New York, NY									
lease check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):		ndividual 🛂 Cor	rporatio	on or other private gro	up entity Government	
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.									
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Authorized Signature	Male				Date Jar	nuary	15, 2009		
Typed or printed name A. Dean Olson					Registration No			:. 	
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